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FACSIMILE COVER SHEET

June 3, 2005

TO: **Examiner Tamiko D. Bellamy**

COMPANY: **USPTO, GAU 2856**

FROM: **Lowell Anderson**

OUR REF: **HENTE-080C** YOUR REF: **10/706,578**

FAX NO.: **703-872-9306**

NO. OF PAGES INCLUDING THIS COVER SHEET **13**

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APPLICATION SERIAL NO.: 10/706,578
ATTORNEY DOCKET NO.: HENTE-080C

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1. Transmittal
2. Amendment after Notice of Allowance (10 pgs)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/706,578
	Filing Date	11/12/2003
	First Named Inventor	Greg P. Metzger
	Art Unit	2856
	Examiner Name	Tamiko D. Bellamy
Total Number of Pages in This Submission	Attorney Docket Number	HENTE-080C

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply after allowance <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	STETINA BRUNDA GARRED & BRUCKER	
Signature	<i>Lowell Anderson</i>	
Printed name	Lowell Anderson	
Date	6/3/05	Reg. No. 30,990

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Signature	<i>[Signature]</i>	
Typed or printed name	Lisa Li	Date 6/3/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Serial No.: 10/706,578
Amendment after Notice of Allowance
Attorney's Docket No.: HENTE-080C

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Metzger <i>et al.</i>)	Confirmation No.:	6667
Serial No.:	10/706,578)	Group No.:	2856
Filed:	11/12/2003)	Examiner:	Tamiko D. Bellamy
For:	DUAL SLIDE GATE VALVE AND)		
	METHOD FOR USING SAME)		

**AMENDMENT AFTER NOTICE OF ALLOWANCE
TO CORRECT A TYPOGRAPHICAL ERROR**

Commissioner for Patents
P.O. Box 1450
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Dear Assistant Commissioner:

Please amend the above-identified application as follows to correct a typographical error in Claim 40: